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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | <b>Attorney Docket No.</b> N9460.0012/P012-A  |  |
|   |  | <b>First Inventor</b> Masashi Sugihara  |  |
|   |  | <b>Title</b> A POWER DISTRIBUTION PANEL SWITCH GEAR<br>AND A MONITORING AND CONTROL SYSTEM<br>HAVING A DISTRIBUTION PANEL, etc. |  |
|   |  | <b>Express Mail Label No.</b>   |  |

  

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b> MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small><br>2. <input type="checkbox"/> Applicant claims small entity status.<br><small>See 37 CFR 1.27.</small><br>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>50</b>]</span><br><small>(preferred arrangement set forth below)</small><br><ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>9</b>]</span><br>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>5</b>]</span><br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><small>(for continuation/divisional with Box 18 completed)</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small><br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or   ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><small>(when there is an assignee)</small><br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input checked="" type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br><small>Applicant must attach form PTO/SB/35 or its equivalent.</small><br>17. <input type="checkbox"/> Other: |
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 10/444,955

Prior application information: Examiner Not Yet Assigned Art Unit: 2632

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

**19. CORRESPONDENCE ADDRESS**

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Customer Number: 24998 OR <input checked="" type="checkbox"/> Correspondence address below |  |
| Name   | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>Mark J. Thronson |
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|                   |                  |                                   |                   |
|-------------------|------------------|-----------------------------------|-------------------|
| Name (Print/Type) | Mark J. Thronson | Registration No. (Attorney/Agent) | 33,082            |
| Signature         |                  | Date                              | February 13, 2004 |

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| FEE TRANSMITTAL<br>for FY 2004   |  | Complete if Known    |                       |
|--|--|----------------------|-----------------------|
| Effective 10/01/2003, Patent fees are subject to annual revision.              |  | Application Number   | Not Yet Assigned      |
|  |  | Filing Date          | Concurrently Herewith |
|  |  | First Named Inventor | Masashi Sugihara      |
|  |  | Examiner Name        | Not Yet Assigned      |
|  |  | Art Unit             | Not Yet Assigned      |
|  |  | Attorney Docket No.  | N9460.0012/P012-A     |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  |                      |                       |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | 770.00               |                       |

  

| METHOD OF PAYMENT (check all that apply)  | FEE CALCULATION (continued)   |              |   |  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
|---|---|--------------|---|--|---|-----------------|---|----------|----------|----------|----------|------|------|------|--------------------|-------------------------------------|------|------|------|------|-------------------|--|------|------|------|------|------------------|---------------------------|------|------|-------|------|--------------------|--|------|------|------|------|------------------------|--|-------------------|------|--------|------|--------|---|--------------|--|---------|---|----|---|---|---|--------------------|--|--------|---|---|---|-----|---|--------------------|--|--|------|-------|------|-----|---|--------------|------|--------------|------|-----------------|--|----------|----------|----------|----------|------|------------------|------|------|------------------------|------|------|--|------|------|-----------------------------------|------|------|--------------------------|------|------|---------------------------------------|------|-------|---|------|------|--|------|------|----------------------------------|------|------|--|------|-------------------|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|-------------------|------|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">04-1073</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Dickstein Shapiro Morin &amp; Oshinsky LLP</span><br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   | <h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) (\$)</td> <td>0.00</td> </tr> </tbody> </table> | Large Entity |   | Small Entity   |   | Fee Description | Fee Paid  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130  | 2051 | 65                 | Surcharge - late filing fee or oath |      | 1052 | 50   | 2052 | 25                | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130  | 1053 | 130              | Non-English specification |      | 1812 | 2,520 | 1812 | 2,520              | For filing a request for <i>ex parte</i> reexamination |      | 1804 | 920* | 1804 | 920*                   | Requesting publication of SIR prior to Examiner action |                   | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |              | 1251   | 110     | 2251  | 55 | Extension for reply within first month                          |   | 1252  | 420                | 2252   | 210    | Extension for reply within second month                         |   | 1253  | 950 | 2253  | 475                | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month                         |              | 1255 | 2,010        | 2255 | 1,005           | Extension for reply within fifth month |          | 1401     | 330      | 2401     | 165  | Notice of Appeal |      | 1402 | 330                    | 2402 | 165  | Filing a brief in support of an appeal |      | 1403 | 290                               | 2403 | 145  | Request for oral hearing |      | 1451 | 1,510                                 | 1451 | 1,510 | Petition to institute a public use proceeding |      | 1452 | 110  | 2452 | 55   | Petition to revive - unavoidable |      | 1453 | 1,330  | 2453 | 665               | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$) | 0.00 |
| Large Entity  |   | Small Entity |   | Fee Description  | Fee Paid  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)  |  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1051  | 130   | 2051         | 65  | Surcharge - late filing fee or oath  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1052  | 50  | 2052         | 25  | Surcharge - late provisional filing fee or cover sheet                     |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1053  | 130   | 1053         | 130   | Non-English specification  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1812  | 2,520   | 1812         | 2,520   | For filing a request for <i>ex parte</i> reexamination                     |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1804  | 920*  | 1804         | 920*  | Requesting publication of SIR prior to Examiner action                     |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1805  | 1,840*  | 1805         | 1,840*  | Requesting publication of SIR after Examiner action                        |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1251  | 110   | 2251         | 55  | Extension for reply within first month                                     |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1252  | 420   | 2252         | 210   | Extension for reply within second month                                    |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1253  | 950   | 2253         | 475   | Extension for reply within third month                                     |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1254  | 1,480   | 2254         | 740   | Extension for reply within fourth month                                    |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1255  | 2,010   | 2255         | 1,005   | Extension for reply within fifth month                                     |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1401  | 330   | 2401         | 165   | Notice of Appeal   |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1402  | 330   | 2402         | 165   | Filing a brief in support of an appeal                                     |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1403  | 290   | 2403         | 145   | Request for oral hearing   |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1451  | 1,510   | 1451         | 1,510   | Petition to institute a public use proceeding                              |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1452  | 110   | 2452         | 55  | Petition to revive - unavoidable   |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1453  | 1,330   | 2453         | 665   | Petition to revive - unintentional   |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1501  | 1,330   | 2501         | 665   | Utility issue fee (or reissue)   |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1502  | 480   | 2502         | 240   | Design issue fee   |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1503  | 640   | 2503         | 320   | Plant issue fee  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1460  | 130   | 1460         | 130   | Petitions to the Commissioner  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1807  | 50  | 1807         | 50  | Processing fee under 37 CFR 1.17(q)  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1806  | 180   | 1806         | 180   | Submission of Information Disclosure Stmt                                  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 8021  | 40  | 8021         | 40  | Recording each patent assignment per property (times number of properties) |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1809  | 770   | 2809         | 385   | Filing a submission after final rejection (37 CFR 1.129(a))                |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1810  | 770   | 2810         | 385   | For each additional invention to be examined (37CFR 1.129(b))              |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1801  | 770   | 2801         | 385   | Request for Continued Examination (RCE)                                    |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1802  | 900   | 1802         | 900   | Request for expedited examination of a design application                  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| Other fee (specify) _____   |   |              |   |  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| *Reduced by Basic Filing Fee Paid   |   |              |   | SUBTOTAL (3) (\$)  | 0.00  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| <h3 style="margin: 0;">1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$)</td> <td></td> <td>770.00</td> </tr> </tbody> </table> <h3 style="margin: 0;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td>Total Claims</td> <td><span style="border: 1px solid black; padding: 0 10px;">6</span></td> <td>-20** =</td> <td><span style="border: 1px solid black; padding: 0 10px;"></span></td> <td>x</td> <td><span style="border: 1px solid black; padding: 0 10px;"></span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 0 10px;">0.00</span></td> </tr> <tr> <td>Independent Claims</td> <td><span style="border: 1px solid black; padding: 0 10px;">1</span></td> <td>-3** =</td> <td><span style="border: 1px solid black; padding: 0 10px;"></span></td> <td>x</td> <td><span style="border: 1px solid black; padding: 0 10px;"></span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 0 10px;">0.00</span></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>=</td> <td><span style="border: 1px solid black; padding: 0 10px;"></span></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (2) (\$)</td> <td></td> <td>0.00</td> </tr> </tbody> </table> <p style="font-size: 0.7em;">**or number previously paid, if greater; For Reissues, see above</p> | Large Entity  |              | Small Entity  |  | Fee Description   | Fee Paid        | Fee Code  | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770  | 2001 | 385  | Utility filing fee | 770.00                              | 1002 | 340  | 2002 | 170  | Design filing fee |  | 1003 | 530  | 2003 | 265  | Plant filing fee |                           | 1004 | 770  | 2004  | 385  | Reissue filing fee |  | 1005 | 160  | 2005 | 80   | Provisional filing fee |  | SUBTOTAL (1) (\$) |      |        |      |        | 770.00  | Total Claims | <span style="border: 1px solid black; padding: 0 10px;">6</span> | -20** = | <span style="border: 1px solid black; padding: 0 10px;"></span> | x  | <span style="border: 1px solid black; padding: 0 10px;"></span> | = | <span style="border: 1px solid black; padding: 0 10px;">0.00</span> | Independent Claims | <span style="border: 1px solid black; padding: 0 10px;">1</span> | -3** = | <span style="border: 1px solid black; padding: 0 10px;"></span> | x | <span style="border: 1px solid black; padding: 0 10px;"></span> | =   | <span style="border: 1px solid black; padding: 0 10px;">0.00</span> | Multiple Dependent |  |  |      |       |      | =   | <span style="border: 1px solid black; padding: 0 10px;"></span> | Large Entity |      | Small Entity |      | Fee Description | Fee Paid                               | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18               | 2202 | 9    | Claims in excess of 20 |      | 1201 | 86                                     | 2201 | 43   | Independent claims in excess of 3 |      | 1203 | 290                      | 2203 | 145  | Multiple dependent claim, if not paid |      | 1204  | 86  | 2204 | 43   | ** Reissue independent claims over original patent |      | 1205 | 18                               | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | SUBTOTAL (2) (\$) |                                    |  |      |       | 0.00 |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| Large Entity  |   | Small Entity |   | Fee Description  |   |                 | Fee Paid  |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)  |  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1001  | 770   | 2001         | 385   | Utility filing fee   | 770.00  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1002  | 340   | 2002         | 170   | Design filing fee  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1003  | 530   | 2003         | 265   | Plant filing fee   |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1004  | 770   | 2004         | 385   | Reissue filing fee   |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1005  | 160   | 2005         | 80  | Provisional filing fee   |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| SUBTOTAL (1) (\$)   |   |              |   |  | 770.00  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| Total Claims  | <span style="border: 1px solid black; padding: 0 10px;">6</span>  | -20** =      | <span style="border: 1px solid black; padding: 0 10px;"></span> | x  | <span style="border: 1px solid black; padding: 0 10px;"></span> | =               | <span style="border: 1px solid black; padding: 0 10px;">0.00</span> |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| Independent Claims  | <span style="border: 1px solid black; padding: 0 10px;">1</span>  | -3** =       | <span style="border: 1px solid black; padding: 0 10px;"></span> | x  | <span style="border: 1px solid black; padding: 0 10px;"></span> | =               | <span style="border: 1px solid black; padding: 0 10px;">0.00</span> |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| Multiple Dependent  |   |              |   |  |   | =               | <span style="border: 1px solid black; padding: 0 10px;"></span>     |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| Large Entity  |   | Small Entity |   | Fee Description  | Fee Paid  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)  |  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1202  | 18  | 2202         | 9   | Claims in excess of 20   |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1201  | 86  | 2201         | 43  | Independent claims in excess of 3  |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1203  | 290   | 2203         | 145   | Multiple dependent claim, if not paid                                      |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1204  | 86  | 2204         | 43  | ** Reissue independent claims over original patent                         |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| 1205  | 18  | 2205         | 9   | ** Reissue claims in excess of 20 and over original patent                 |   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |
| SUBTOTAL (2) (\$)   |   |              |   |  | 0.00  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                   |      |        |      |        |   |              |  |         |   |    |   |   |   |                    |  |        |   |   |   |     |   |                    |  |  |      |       |      |     |   |              |      |              |      |                 |  |          |          |          |          |      |                  |      |      |                        |      |      |  |      |      |                                   |      |      |                          |      |      |                                       |      |       |   |      |      |  |      |      |                                  |      |      |  |      |                   |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |      |

  

| SUBMITTED BY      |                  | (Complete if applicable)          |                   |
|-------------------|------------------|-----------------------------------|-------------------|
| Name (Print/Type) | Mark J. Thronson | Registration No. (Attorney/Agent) | 33,082            |
| Signature         |                  | Telephone                         | (202) 775-4742    |
|                   |                  | Date                              | February 13, 2004 |